



# RB-3 Bingo Application for License

License no. \_\_\_\_\_

License issued \_\_\_\_\_

## Read this information first

Do not write above this line.

To qualify for a license to conduct bingo games, your organization must

- be not-for-profit;
- have been organized and in existence in Illinois for at least the past five years or affiliated and chartered with a national organization for two years and have had members carrying out the organization's goals during either period;

- not have any officers, directors, employees, workers, or operators of bingo who have been convicted of a felony or who have been convicted of a gambling offense;
- not compensate operators or workers who participate in the management or operation of bingo; and
- post a surety bond in the amount of the anticipated average quarterly tax liability if you are a new applicant.

## Step 1: Identify your organization

Organization name \_\_\_\_\_

Physical address \_\_\_\_\_  
Number and street

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

County \_\_\_\_\_ Telephone number \_\_\_\_\_

Mailing address \_\_\_\_\_  
Number and street or post office box

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

List all of the following numbers that your organization has been assigned.

FEIN \_\_\_\_\_

IBT number \_\_\_\_\_

Charitable games license no. \_\_\_\_\_

Pull tabs license no. \_\_\_\_\_

## Step 2: Tell us about your organization

1 Check the type of your nonprofit organization.

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> charitable  | <input type="checkbox"/> religious      |
| <input type="checkbox"/> educational | <input type="checkbox"/> senior citizen |
| <input type="checkbox"/> fraternal   | <input type="checkbox"/> veterans       |
| <input type="checkbox"/> labor       | <input type="checkbox"/> youth athletic |

(If this is the first time you are applying for this license, attach a copy of your bylaws and constitution or charter.)

3 How long has your organization had members carrying out its goals? \_\_\_\_\_

4 Is your organization incorporated? ☐ yes ☐ no

If "yes," in which state and on what date was it incorporated?

State: \_\_\_\_\_ Date: \_\_\_\_\_

(If this is the first time you are applying for this license, attach a copy of the articles of incorporation.)

2 How many members does your organization have? \_\_\_\_\_

## Step 3: Tell us about your bingo event

1 Where will bingo be played?

Number and street \_\_\_\_\_

City, state, ZIP \_\_\_\_\_

2 Do you own or lease the premises where bingo will be played?

☐ own ☐ lease

If you lease the premises specifically for the conduct of bingo games, attach a copy of your lease agreement.

If the provider supplies services or products that are not included in the lease, send us a list of the items and their cost with this application. Write the provider's license number. \_\_\_\_\_

3 Will you conduct bingo events more than twice a year?

☐ yes ☐ no

If "yes," go to Item 6 on the back. You are applying for a **regular bingo license**.

If "no," go to Item 4. You are applying for a **limited bingo license**.

4 What are the two time periods bingo will be played?

First time period:

Month Day Year to Month Day Year

Hour Minute to Hour Minute

Second time period:

Month Day Year to Month Day Year

Hour Minute to Hour Minute

**Note:** If the last date is not known at this time, you must let us know the exact date 30 days before the event.

5 Make your check for \$50 payable to "Illinois Department of Revenue." Go to Step 4.

► Please turn this application over and continue completing Steps 3-5.

## Step 3 continued: Tell us about your bingo event

- 6 What day of the week will bingo be played? \_\_\_\_\_
- 7 At what time will bingo begin and end?  
\_\_\_\_ Hour \_\_\_\_ Minute to \_\_\_\_ Hour \_\_\_\_ Minute
- 8 How many people will your premises seat? \_\_\_\_\_
- 9 Estimate the number of people who will play bingo weekly.  
\_\_\_\_\_
- 10 Bingo tax is 5 percent of the gross proceeds including the price charged for bingo cards or donations. Estimate the amount of bingo tax you will pay quarterly. \$ \_\_\_\_\_
- 11 Make your check for \$200 payable to "Illinois Department of Revenue." Go to Step 4.

## Step 4: Tell us about people in your organization

- 1 Who is responsible for filing tax returns?  
Name \_\_\_\_\_  
Number and street \_\_\_\_\_  
City, state, ZIP \_\_\_\_\_  
Daytime telephone \_\_\_\_\_
- 2 Who should we contact in case of questions or problems?  
Name \_\_\_\_\_  
Number and street \_\_\_\_\_  
City, state, ZIP \_\_\_\_\_  
Daytime telephone \_\_\_\_\_
- 3 List the following information about the organization's president, secretary, and operators. (Attach additional sheets if you have more than two operators.)

President's name (include middle initial)	Social Security number	Date of birth	Race*
Street address	City	State	ZIP
Daytime telephone number			
Secretary's name (include middle initial)	Social Security number	Date of birth	Race*
Street address	City	State	ZIP
Daytime telephone number			
Operator's name (include middle initial)	Social Security number	Date of birth	Race*
Street address	City	State	ZIP
Daytime telephone number			
Operator's name (include middle initial)	Social Security number	Date of birth	Race*
Street address	City	State	ZIP
Daytime telephone number			

\* **A** — Asian or Pacific Islander; **B** — Black; **I** — American Indian or Alaskan Native; **W** — White; or **O** — Other

## Step 5: Sign below

Under penalties of perjury, I state that I have read the bingo rule book. I certify that the operators listed in Step 4 have belonged to the organization for at least 30 days prior to participation in the organization's bingo sessions. I also state that I have examined this application and, to the best of my knowledge, it is true, correct, and complete.

President's signature \_\_\_\_\_ Date \_\_\_\_\_

Secretary's signature \_\_\_\_\_ Date \_\_\_\_\_

Operator's signature \_\_\_\_\_ Date \_\_\_\_\_

Operator's signature \_\_\_\_\_ Date \_\_\_\_\_

If you are applying for a

- ☐ **regular bingo license**, make your check for **\$200**  
☐ **limited bingo license**, make your check for **\$50**  
payable to "Illinois Department of Revenue."

Mail your application and payment to:  
OFFICE OF BINGO AND CHARITABLE GAMES  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19480  
SPRINGFIELD IL 62794-9480

If you have questions, call 217 524-4164.